

INFORMATION BULLETIN

WORKFORCE INVESTMENT ACT

Number: WIAB00-101

Date: June 13, 2001

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TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: WIA MONTHLY REPORTING INSTRUCTIONS

The purpose of this information bulletin is to request monthly financial reports and participant reports for each of the following funding streams and grant codes:

For the Job Training Partnership Act (JTPA) Program Year (PY) 1998 and 1999 carry forward funds:

- Youth (GC 271, 276)
- Adult (GC 221, 222)
- Dislocated Worker (GC 516)
- Incentive Funds (GC 111, 112)
- Title III to WIA 15 percent (GC 556, 557, 558, 572, 573, 604)

For Workforce Investment Act (WIA) PY 2000 funds:

- Youth (GC 290, 301, 340)
- Adult (GC 201, 202)
- Dislocated Worker (GC 501, 502, 529)
- Rapid Response – 25 percent (GC 540, 541, 542, 543)
- Statewide Activities – 15 percent, including Veterans (GC 197, 198, 211, 213, 214, 607, 608, 609, 610, 614, 798)

The federal administration and the Department of Labor (DOL) continue to monitor the expenditure levels of the Workforce Investment Act (WIA) funds across the nation. To enhance our efforts to monitor WIA funds for the 2000-01 fiscal year, we are planning to track expenditure and obligation data on WIA funds distributed to each of the Local Workforce Investment Areas (LWIAs) or subgrantees on a monthly basis. Information is also needed for those grant codes identified above for JTPA funds carried into the WIA.

Initial filing of monthly expenditure reports will begin with the April 2001 reporting period and must reflect amounts as of April 30, 2001. Due to time constraints and the urgency to meet DOL's request, EDD immediately needs the expenditure and obligation data for April 2001. A second filing would be due on June 20, 2001, for amounts expended and obligated as of May 31, 2001.

Future filing deadline dates for monthly reports will always be due the 20th of the month following the report period. The exception to the due date for a monthly report is when a quarterly report is due for March, June, September, and December.

Expenditures and obligations reported monthly are to be reported on a cumulative basis through the Job Training Automation (JTA) system just as the data is entered for the quarterly process. Since some subgrantees have not established JTA connectivity, the monthly reporting instructions below are divided into two categories; those connected and using the JTA system and those not connected to the JTA system.

1. Subgrantees connected and using the JTA system:

- Submit expenditure data for adult, dislocated worker, rapid response, incentive and statewide activities 15 percent grant codes using the JTA screen shown in *Attachment 1*. For youth grant codes use *Attachment 1A* to file expenditure data.
- Upon accessing the JTA system and entering the monthly report period into the EXPD screen (04/2001), submit the information on the appropriate reports shown in the grids on below.

Adult, Dislocated Worker, 25 percent Rapid Response, Incentive, and 15 percent Statewide Funding:

| Section | Line of Entry | Grant Codes |
|---------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| III. 1 | TOTAL ADMINISTRATIVE EXPENDITURES | 197, 198, 201, 202, 211, 213, 214, 221, 222, 501, 502, 516, 529, 540, 541, 542, 543, 556, 557, 558, 572, 573, 604, 607, 608, 609, 610, 614, 798 |
| IV. 2 | Unliquidated Obligations | Same as for III.1 |
| V. 6 | TOTAL PROGRAM EXPENDITURES | Same as for III.1 |
| VI. 2 | Unliquidated Obligations | Same as for III.1 |
| VI. 5 | Incentive Funds Expended | 111, 112 |

Youth Funding: Expenditures specific to youth activities need to be entered in the sections designated below.

| Section | Line of Entry | Grant Codes |
|---------|-----------------------------------|-------------------------|
| III. 1 | TOTAL ADMINISTRATIVE EXPENDITURES | 271, 276, 290, 301, 340 |
| IV. 2 | Unliquidated Obligations | Same as for III.1 |
| V. 4 | TOTAL PROGRAM EXPENDITURES | Same as for III.1 |
| VI. 2 | Unliquidated Obligations | Same as for III.1 |

Note: The JTA will total and auto-fill the TOTAL EXPENDITURES line in Section II of each report. However, keep in mind that total administrative expenditures plus administrative unliquidated obligations may not exceed the 10 percent administrative cap of the total amount allocated or distributed for the grant code.

Continue to submit the Extract WIA Individual Participant Data (XWID) through the JTA system by the 20th of each month. An XWID report does not need to be filed for the April 2001 reporting period. Instructions on how to complete this form are contained in the *WIA Participant Reporting Handbook* located in [WIAB00-89](#).

2. Subgrantees not using the JTA system:

- Submit expenditure data for adult, dislocated worker, rapid response, incentive, and statewide activities 15 percent grant codes using *Attachment 1*. For youth grant codes use *Attachment 1A* to file expenditure data. Fax these reports to the attention of Martha Overman or David Simpson at (916) 654-9586.
- Complete the Interim Monthly Participant Report using *Attachment 2* following the instructions in *Attachment 3*. Fax this report to the attention of your assigned regional advisor at (916) 653-2467 or program manager at (916) 654-7921, by the 20th of each month.

If you have questions on financial data, please contact Martha Overman, Financial Management Unit, at (916) 657-2744 or David Simpson at (916) 654-9819. For JTA questions, please contact the Automation Customer Support Unit's help desk at (916) 653-0202.

/S/ BILL BURKE
Chief

EXPD SUMMARY OF EXPENDITURES
ADULT, DISLOCATED WORKER, RAPID RESPONSE, 15% STATEWIDE ACTIVITIES

| | | | |
|---------------------------------------------|----------|------------------|-------------------|
| Subgrantee Code: | | LWIA Name: | |
| Grant Code: | | Title I | |
| Term: | | Report Period: | |
| I. SUBGRANT INFORMATION | | | |
| Year of Appropriation | | | |
| Rev No. | | | |
| Subgrant/Contract Number | | | |
| Subgrant Term: From: | | | |
| To: | | | |
| Total Allotment: | | \$ | |
| Final Report (Y/N/C) | | | |
| II. TOTAL EXPENDITURES | | \$ | |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| 1. Total Administrative Expenditures | | \$ | |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal Support (Stand-in) | | \$ | |
| 2. Unliquidated Obligations | | \$ | |
| 3. Program income Earned | | \$ | |
| 4. Program Income Expended | | \$ | |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | | | |
| 1. Core Self | | \$ | |
| 2. Core Registration | | \$ | |
| 3. Intensive Services | | \$ | |
| 4. Training Services | | \$ | |
| 5. Other / Rapid Response / NRA / NEG | | \$ | |
| 6. TOTAL PROGRAM EXPENDITURES | | \$ | |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | \$ | |
| 2. Unliquidated Obligations | | \$ | |
| 3. Program Income Earned | | \$ | |
| 4. Program Income Expended | | \$ | |
| 5. Incentive Funds Expended | | \$ | |
| VII. COMMENTS | | | |
| | | | |
| VIII. | | | |
| 1. Name | 2. Title | 3. Phone Number | |
| 4. Contact Name | 5. Title | 6. Contact Phone | 7. Date Submitted |
| | | | |

EXPD

SUMMARY OF EXPENDITURES
YOUTH

| | | | | | |
|---------------------------------------------|--|----------|----------------|-------------------|--|
| Subgrantee Code: | | | LWIA Name: | | |
| Grant Code: | | | Title I | | |
| Term: | | | Report Period: | | |
| I. SUBGRANT INFORMATION | | | | | |
| Year of Appropriation | | | <hr/> | | |
| Rev No. | | | <hr/> | | |
| Subgrant/Contract Number | | | <hr/> | | |
| Subgrant Term: From: | | | <hr/> | | |
| To: | | | <hr/> | | |
| Total Allotment: | | | <hr/> | | |
| | | | \$ | | |
| Final Report (Y/N/C) | | | <hr/> | | |
| II. TOTAL EXPENDITURES | | | \$ | | |
| III. ADMINISTRATIVE EXPENDITURES | | | | | |
| 1. Total Administrative Expenditures | | | \$ | | |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | | | |
| 1. Non-Federal Support (Stand-in) | | | \$ | | |
| 2. Unliquidated Obligations | | | \$ | | |
| 3. Program income Earned | | | \$ | | |
| 4. Program Income Expended | | | \$ | | |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | | | | | |
| 1. Youth In School | | | \$ | | |
| 2. Youth Out of School | | | \$ | | |
| 3. Other | | | \$ | | |
| 4. TOTAL PROGRAM EXPENDITURES | | | \$ | | |
| 4.a. Youth Summer Employment Opportunities | | | \$ | | |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | | | |
| 1. Non-Federal Support (Stand-in) | | | \$ | | |
| 2. Unliquidated Obligations | | | \$ | | |
| 3. Program Income Earned | | | \$ | | |
| 4. Program Income Expended | | | \$ | | |
| VII. COMMENTS | | | | | |
| | | | | | |
| VIII. | | | | | |
| 1. Name | | 2. Title | | 3. Phone Number | |
| <hr/> | | <hr/> | | <hr/> | |
| 4. Contact Name | | 5. Title | | 6. Contact Phone | |
| <hr/> | | <hr/> | | <hr/> | |
| | | | | 7. Date Submitted | |
| <hr/> | | <hr/> | | <hr/> | |

**WORKFORCE INVESTMENT ACT
15 PERCENT PROJECT
INTERIM MONTHLY PARTICIPANT REPORT SUMMARY**

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. Subgrantee Name and Address: | 2. Subgrantee Code: _____ |
| | 3. Grant Code: _____ |
| | 4. Report Period Ending Date: _____ |
| 5. Project type: Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Youth (14-18) <input type="checkbox"/> Youth (19-21) <input type="checkbox"/> | |

| I. Subgrant Information | | | | |
|--------------------------------------------------------|-------|--------|-----|--------------------|
| A. Report Revision Number | | | | |
| B. Subgrant Contract Number | | | | |
| C. Subgrant Term: | From: | | To: | |
| II. Participant Summary | | | | Project Yr to Date |
| A. Total Participants Registered | | | | |
| B. Total Participants Exiting WIA (last quarter exits) | | | | |
| 1. Entered Unsubsidized Employment | | | | |
| a. Training Related | | | | |
| 2. Employability Enhancement (Adult) | | | | |
| 3. Youth Enhancement | | | | |
| 4. Exited for Other Reasons | | | | |
| III. Program Activities/Services | | | | |
| A. Adult and Dislocated Workers | | | | |
| 1. Core Services | | | | |
| 2. Intensive Services | | | | |
| 3. Training Services | | | | |
| B. Youth | | | | |
| 1. In School | | | | |
| 2. Out of School | | | | |
| 3. Summer Related | | | | |
| IV. Comments | | | | |
| | | | | |
| V. Certification | | | | |
| Name: | | Title: | | Phone: |
| Signature: | | | | Date: |
| Contact Name: | | Title: | | Phone: |

Fax completed report to your assigned program manager at (916) 654-7921 by the 20th of each month.

**WORKFORCE INVESTMENT ACT
15 PERCENT PROJECT
INTERIM MONTHLY PARTICIPANT REPORT
SUMMARY INSTRUCTIONS**

| | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Subgrantee Name and Address | Enter the subgrantee name and address. |
| 2. Subgrantee Code | Enter the Job Training Automation (JTA) three-digit alpha-code assigned to each subgrantee by the Workforce Investment Division (WID). |
| 3. Grant Code | Enter the three-digit numeric code assigned to each funding source. |
| 4. Report Period Ending Date | Enter the ending month and year of the report period for which this report is prepared. |
| 5. Project Type | Check the appropriate project type, Adult, Dislocated Worker, Youth (14-18) or Youth (19-21). Only one project type may be checked. |
| I. Subgrant Information | |
| I.A. Report Revision Number | Enter the revision number of this report. If this is the initial report for the reporting period enter "00". If this report is the first revision enter "01" and so forth. |
| I.B. Subgrant Contract Number | Enter the subgrant registration number assigned by the WID. This is a seven-digit code beginning with the letter R. |
| I.C. Subgrant Term | Enter the beginning (From) and ending (To) dates for the term of the subgrant. |
| II. Participant Summary | |
| II.A. Total Participants Registered | Enter the total participants who have completed the intake/eligibility process and have enrolled in the program through the end of the report period. |
| II.B. Total Participants Exiting WIA (last quarter exits) | Enter the total participants who have exited the program through the last quarter. For example, for a report filed for April, May or June 2001, the end of the last quarter would be March 31, 2001. For each of these three monthly reports, enter the number of participants who exited WIA from the beginning of your program through March 31, 2001. A report for July through September 2001 would indicate total participants exiting from the beginning of your program through June 2001. Total Participants Exiting must equal the sum of lines II.B.1. through II.B.4. |
| II.B. 1. Entered Unsubsidized Employment | Enter the total number of participants exiting the program who have obtained an unsubsidized job. |
| II.B. 1.a Training Related | Enter the total number of participants in II.B.1. above who obtained unsubsidized employment that was related to the training received. |

| | |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| II.B. 2. Employability Enhancement (Adult) | Enter the total number of adults exiting the program that entered advanced training or postsecondary education, attained a nationally recognized degree or certificate, or state/locally recognized credential. |
| II.B. 3. Youth Enhancement | Enter the total number of youth exiting the program that entered advanced training or postsecondary education, or obtained a GED or a high school diploma. |
| II.B. 4. Exited for Other Reasons | Enter the total number of participants exiting the program for other reasons than those identified in lines II.B.1, II.B.2, or II.B.3. |
| III. Program Activities/Services | |
| III.A. Adult and Dislocated Workers | This section of the report tallies the number of participants that received program services. Since an individual can receive more than one service, the totals in lines A.1 through A.3 will not add to the total participants registered. Only complete either Part A or B depending on your project type. |
| III.A. 1. Core Services | <p>Enter the total number of participants that received core services. If a participant received more than one core service, count only one. Core services can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Follow-up Services, Counseling • Staff Assisted Job Development • Staff Assisted Job Referrals • Staff Assisted Job Search, Placement • Staff Assisted Workshops/Job Clubs • Other Non-WIA Funded Core Services <p>Also see WIA regulations 662.240 for a more complete description of core services.</p> |
| III.A. 2. Intensive Services | <p>Enter the total number of participants that received intensive services. If a participant received more than one intensive service, count only one. Intensive services can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Comprehensive assessments • Development of Individual Employment Plan • Group counseling • Individual counseling and career planning • Case management • Short-term prevocational services <p>Also see WIA Section 134(d)(3)(c) for a more complete description of intensive services.</p> |

| | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| III.A. 3. Training Services | <p>Enter the total number of participants that received training services. If a participant received more than one training service, count only one. Training service can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Adult education • Customized training • Entrepreneurial training • Job readiness training • Occupational skills training • On the job training • Private sector training • Skill upgrading and retraining • Workplace training and cooperative education programs. <p>Also see WIA Section 134(d)(4)(D) for a more complete description of training services.</p> |
| III.B. Youth | This section of the report tallies the number of youth participants that received program services. The totals in lines B.1 and B.2 must add to the total youth participants registered. |
| III.B.1. In School | Enter the number of in school youth that received services under your youth program |
| III.B.2. Out of School | Enter the number of out of school youth that received services under your youth program. |
| III.B.3. Summer Related | Enter the number of youth that received summer related youth program services. |
| IV. Comments: | |
| Comments | Enter any comments necessary to explain discrepancies or clarify items in the report. |
| V. Certification | |
| Name | Enter the name of the authorized individual who will be signing the form. |
| Title | Enter the authorized individual's title. |
| Phone | Enter the authorized individual's phone number |
| Signature | The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data and in compliance with the WIA program. |
| Date | Enter the date the report is submitted |
| Contact Name | Enter the name of a contact person in the event any questions should arise concerning information on the report. |
| Title | Enter the contact person's title. |
| Phone | Enter the contact person's phone number. |